

11-26-04  
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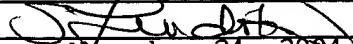
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Suzan Lindstrom

(Depositor's name)



(Signature)

November 24, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/408,761	09/29/1999	RODERIC M. K. DALE	054800-5015	4430

TITLE OF INVENTION: METHODS FOR PRODUCTION OF ARRAYS WITH MODIFIED OLIGONUCLEOTIDE AND POLYNUCLEOTIDE COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALLEN, MARIANNE P	1631	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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1 Albert P. Halluin  
2 Eric Witt  
3 Wilson Sonsini Goodrich & Rosati

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OligosEtc. Inc.

Wilsonville, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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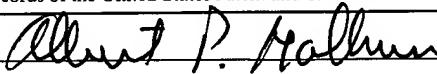
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 Payment by credit card. Form PTO-2038 is attached.  
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## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
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Authorized Signature



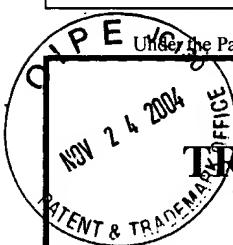
Date

November 24, 2004

Typed or printed name: Albert P. HalluinRegistration No. 25,227

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	31249-716.201
		Filing Date	September 29, 1999
		First Named Inventor	Roderic M. K. Dale
		Art Unit	1631
		Examiner Name	Marianne P. Allen
Total Number of Pages in This Submission	13	Attorney Docket Number	31249-716.201

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> <p>For your reference, we have also enclosed a copy of a Revocation of Powers that was filed on November 2, 2004 appointing Wilson Sonsini as attorneys of record.</p>		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Albert P. Halluin, Reg. No. 25,227, WILSON SONSINI GOODRICH & ROSATI
Signature	
Date	November 24, 2004

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Typed or printed name	Suzan Lindstrom		
Signature		Date	November 24, 2004

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